

Default Question Block

Q1. Institution (Site) Name - Please include city and state.

Q2. How many randomized controlled trials (RCT) or single arm studies for **endovascular** treatment of stroke or aneurysms is your site currently conducting?

0 1 2 3 4 6 7 8 9 10

RCTs - Stroke

RCTs - Aneurysms

Single Arm - Stroke

Single Arm -
Aneurysms

Q3. How many patients have been enrolled to date for the following:

0 20 40 60 80 100 120 140 160 180 200

RCTs - Stroke

RCTs - Aneurysms

Single Arm - Stroke

Single Arm -
Aneurysms

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Q4. Has your institution suspended enrollment of new patients in clinical trials/registries?

Yes, completely

Yes, partially

No, enrollment is continuing

Q5.

If yes (completely/partially), what was the date (mm/dd/yyyy) enrollment was stopped?

Date:

Not applicable

Q6. Has your site treated potentially eligible patients outside of any study since enrollment was stopped? For example patients with acute stroke or ruptured aneurysms that required treatment but could not be enrolled. Please consult with your physician(s) to confirm if necessary. Please choose NA if enrollment is continuing.

Yes

No

NA - Enrollment is continuing

Q7. Please provide the number of cerebral aneurysms and stroke patients that were treated outside of the clinical trials since enrollment was stopped. Please consult with your physician(s) to confirm if necessary. Please choose NA if enrollment is continuing.

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	0	2	4	6	8	10	12	14	16	18	20	Not Applicable
Stroke patients treated but not enrolled												<input type="checkbox"/>
Aneurysm patients treated but not enrolled												<input type="checkbox"/>

Q8. Have you received guidance from your IRB regarding conduct of the open studies?

Yes

No

Q9. Does your institution permit the use of electronic or phone consenting of patients?

Yes, we can use electronic or phone consent for all studies

Yes, we can use electronic or phone consent for some studies

No. we cannot use electronic or phone consents

Q10. Have you received guidance from the study sponsor or the PI?

For all of them

For some of them

Have not received any guidance

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Q11.

Have patients missed clinical follow up visits per study guidelines?

Yes

No

Q12.

Have patients missed imaging follow up visits per study guidelines?

Yes

No

Q13.

Have you developed alternative mechanisms for clinic follow up such as telemedicine or phone follow ups?

Yes

No

Q14.

Have any of the enrolled patients tested positive for COVID-19?

Yes

No

Do not know

Q15.

Have there been any protocol deviations due to COVID-19? (For example delayed

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reporting of events, missed visits etc.)

Yes

No

Q16.

Has there been an impact on the study reimbursements (delay/loss of payments)?

Yes

No

Q17.

How many new trials, that would have otherwise started enrollment, on hold? Please choose NA if there is no hold on initiating new trials.

0 1 2 3 4 5 6 7 8 9 10 Not Applicable

New trials on hold

Q18. Are you mostly working from home or onsite?

Home

Onsite

Combination

Q19. Have you been personally affected by the current environment? for example loss of pay paid time off or loss of benefits?

Yes

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No

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